

233 South Wacker Drive Suite 800 Chicago, Illinois 60606

312 454 0400 www.cmap.illinois.gov

FUTURE LEADERS IN PLANNING (FLIP) 2015 SUMMER YOUTH LEADERSHIP DEVELOPMENT PROGRAM

LETTER OF AGREEMENT

Please sign and return at the Parent Orientation meeting on Saturday, June 27, 2015.

PARTICIPANT NAME (Please print):
PREFERRED NAME TO BE CALLED (Please print):
PLEASE SELECT AND PROVIDE THE BEST METHOD TO CONTACT YOU (Please print):
□ Phone(s):
□ Email:
□ Mailing Address:
□ Other:
NAMES OF PARENT(S)/GUARDIAN(S) (Please print):

I. APPLICANT COMMITMENT AND PLEDGE

Future Leaders in Planning (FLIP) is a leadership development program that encourages your commitment from the opening retreat to the closing session. Your participation at each session is very important to your success in the program. Below is a schedule of events to mark your calendar and save the dates.

- 1. Saturday, June 27, 2015: Orientation for participants and their families
- 2. Friday, July 10, 2015: Retreat (for students only; mandatory)
- 3. Monday, July 13, 2015: **Session 1**
- 4. Tuesday, July 14, 2015: Session 2
- 5. Wednesday, July 15, 2015: Session 3
- 6. Thursday, July 16, 2015: Session 4
- 7. Friday, July 17, 2015: Session 5
- 8. Wednesday, August 12, 2015: Final Presentation

The FLIP program will take place July 10 – 17, 2015 and will culminate with a final presentation
to CMAP's Board of Directors on Wednesday, August 12. Participants should plan to attend all
sessions. During the retreat and week working sessions, lunch will be provided to participants
at no cost to parents/guardians. The retreat and five weekday sessions will begin promptly at
10:00 a.m. and end at 4:00 p.m. All sessions will begin and end at CMAP's office, located in the
Willis Tower at 233 South Wacker Drive, Suite 800, Chicago, IL. CMAP will provide financial
support for public transportation to and from all FLIP sessions if needed.

Read and Sign Below	Read	and	Sign	Bel	low
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I wish to participate in the Future Leaders in Planning (FLIP) program.

I have reviewed the dates and I am willing to make the commitment of my time and talents to FLIP.

I have the full support of my parent(s)/guardian(s) for the time required to participate.

I will be able to attend the orientation, retreat and all sessions, and I understand that any unexcused absence or excessive excused absences may mean being dropped from the program.

APPLICANT'S SIGNATURE	DATE

II. PARENT/GUARDIAN COMMITMENT

My child's participation in the FLIP program has my full approval, support, and permission for the time required to participate in the program.

PARENT/GUARDIAN'S SIGNATURE	DATE

DAYTIME PHONE NUMBER AND EMAIL